

CJA 20. APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-29)

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|---|--|---|---|---|--|
| 1. CIR./DIST./DIV. CODE CANSJ | | 2. PERSON REPRESENTED MOORE, JOSEPH ANTHONY | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER CR-08-70128-RS | | 4. DIST. DKT./DEF. NUMBER | | 5. APPEALS DKT./DEF. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) U.S. V. MOORE | | 8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense | | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Applicant <input type="checkbox"/> Appellee | |
| 10. REPRESENTATION TYPE (See Instructions) CC | | | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18:472 & 2 | | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS ROBERT E. CAREY P.O. BOX 1040 PALO ALTO CA 94302 Telephone Number 650-328-5510 | | | 13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> B <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> C Co-counsel <input type="checkbox"/> Y Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ Mag. Judge Votes _____ Signature Of Presiding Judicial Officer or By Order Of The Court 3/10/08 3/10/2008 Date Of Order 3/10/2008 Must Be Pro Time Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) <div style="text-align: center;"> FILED MAR 14 2008 RICHARD W. WIEKING CLERK U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA </div> | | | | | |

| CATEGORIES (attached itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|---|--|---------------------|----------------------|--|---------------------------|----------------------|
| In Court | a. Arraignment And/or Plea | | | | | |
| | b. Bail And Detention Hearings | | | | | |
| | c. Motion Hearings | | | | | |
| | d. Trial | | | | | |
| | e. Sentencing Hearings | | | | | |
| | f. Revocation Hearings | | | | | |
| | g. Appeals Court | | | | | |
| Out Of Court | h. Other (Specify On Additional Sheets) | | | | | |
| | (RATE PER HOUR =) TOTALS: | | | | | |
| | a. Interview and conferences | | | | | |
| | b. Obtaining and reviewing records | | | | | |
| | c. Legal research and brief writing | | | | | |
| | d. Travel time | | | | | |
| | e. Investigative and other work (Specify on additional sheets) | | | | | |
| | (RATE PER HOUR =) TOTALS: | | | | | |
| | 17. Travel Expenses (Lodging, parking, meals, mileage, etc.) | | | | | |
| | 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | | | | | | |
| Signature Of Attorney _____ Date _____ | | | | | | |
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOT. AMT. APPR./CERT. | | |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28A. JUDGE/MAG CODE | | |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED | | |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34A. JUDGE CODE | | |